

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

25764

1. PLACE OF DEATH

County B.utter
Township Poplar Bluff
City Poplar Bluff

Registration District No. 89
Primary Registration District No. 3007

File No. _____
Registered No. 144 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. R. R. 1 St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dora Funderburk

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1878 Est.

7. AGE YEARS 55 Est. MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.

13. NAME Noah Funderburk

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ga.

15. MAIDEN NAME Collier

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ga.

17. INFORMANT R. Funderburk (ADDRESS) Steele Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lupala Miss DATE Aug 21 1933

19. UNDERTAKER Frank and Co. (ADDRESS) Poplar Bluff Mo.

20. FILED Aug 14 1933 B. J. Clay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-18 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-7 1933, to 8-18 1933.

I last saw him alive on 8-18 1933. Death is said

to have occurred on the date stated above, at 12:15 p.m.

The principal cause of death and related causes of importance were as follows:

Endocarditis Date of onset 1930

acute dilatation of heart

Other contributors (causes of importance) _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1933.

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Wm. H. H. H. M. D.

(Address) Poplar Bluff Mo.

